

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-816)							SERIAL NO. 097147346		FILING DATE 12/04/98		
							APPLICANT(S) 097147346				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100											
TOTAL IND.											
TOTAL DEP.	18		20		20						
TOTAL CLAIMS	19		22		22						

Best Available Copy

# CLAIMS ONLY

SERIAL NO.

09/147,346

FILING DATE

12.04.98

APPLICANT(S)

2.14.08

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	16						TOTAL DEP.						
TOTAL CLAIMS	23						TOTAL CLAIMS						

MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS